## SSUE SLIP STAF<sup>1</sup> AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Jun ('-		1111119
O.I.P.E. CLASSIFIER	.:	43	11/20 0
FORMALITY REVIEW		7:77	1.9.19

## INDEX OF CLAIMS

~	Rejected	N	Non-elected
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_	(Through numeral) Canceled	Α	Appeal
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